# MAGNOLIA INDEPENDENT SCHOOL DISTRICT

## FIELD TRIP PERMISSION FORM

Teacher/Sponsor: **Mike Doggett**

My child, _____ has permission to participate in the following school activity:

Purpose: **Texas Renaissance Festival, School Days**

Place: **Texas Renaissance Festival**

Date: **Nov 6, 2018**

Time: **7:45 AM Depature, 2:00 PM return**

In the event of an emergency or accident, I may be reached at the following telephone numbers:

Home: _____     Work: _____

Cell: _____     Pager: _____

Emergency Contact:

Name: _____

Phone Number: _____

In the event of an emergency, I give my permission for MISD employees to seek medical assistance for my child.

In granting this permission, I hereby expressly waive any claim for liability against the Board of Education, including its employees and representatives, and release them from all liability in connection with this activity.

_____     _____

Parent/Guardian's Signature                                      Date

## ➤➤➤➤➤➤  MEDICATION FOR FIELD TRIP PERMISSION FORM  ◄◄◄◄◄◄

Will your child require medication on this field trip?     ☐ **YES**     ☐ **NO**

If **YES**, please complete the following:

NAME OF MEDICATION: _____

DOSAGE TO BE GIVEN: _____

TIME TO BE GIVEN: _____

I give permission for whomever the principal designates to give the above medication while

_____ is on the _____ field trip.
          (student's name)                                  (name of field trip)

I understand that I must take the medication to school on or before the day of the field trip. I understand that the medication must be in a correctly labeled bottle and must be only enough for the dose required for the field trip. (See Student Handbook – Medications)

If your child has medication in the clinic for special conditions such as asthma or severe allergic reactions, etc., and if these medications need to be sent on the field trip, please contact your student's school nurse.

_____     _____

Parent/Guardian's Signature                                      Date